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State of Nebraska
Investigator's Motor Vehicle Accident Report

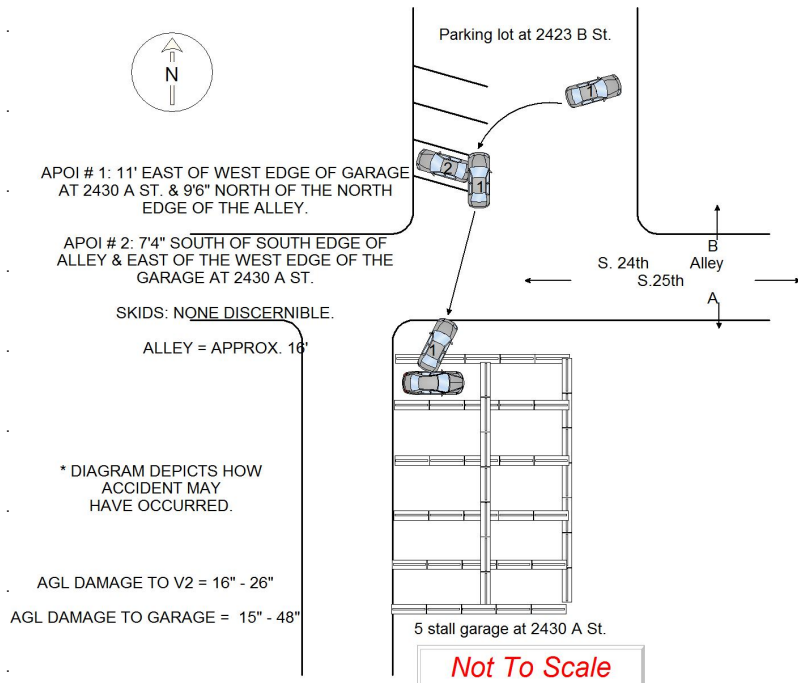
Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 466	Agency Case No. B5-084020	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/11/2015		TIME OF ACCIDENT 0753	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0753	09/11/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Alley 24 - 25, A - B.		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	20		158.00			
V2/M	20		S. 25th St.			
E	R. WORK ZONE CODES		S. PEDESTRIAN CLASSIFICATION CODES		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?	
1	1				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
F	VEHICLE NO. 1					
9	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/N	DRIVER		PHONE		LOCAL NO.	
1	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
V2/N	1		OWNER		LOCAL NO.	
G	1		OWNER ADDRESS		CITY, STATE, ZIP	
H	5		CITATION		<input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
V1/O	2		LICENSE PLATE NO.		STATE (Of Plate)	
V2/O	1		YEAR (Plate Expires)		2016	
I	7		VEHICLE		ESTIMATED DAMAGE	
V1/P	8		PARKED UNOCCUPIED		TOTAL \$ 3000	
V2/P	8		WOLFF R MARTIN		402 490-5144	
J	01		2423 B ST., LINCOLN, NE 68502		CITATION	
V1/Q	4		PA NO. TVT554		YEAR (Plate Expires) 2016	
V2/Q	4		VEHICLE 2008 Volkswagen JETTA 4 door Sedan		ESTIMATED DAMAGE	
K	01		3VWRZ71KX8M187727		TOTAL \$ 500	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						SEX M F
VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	
VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	
VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084020



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner of V2 reports that an unknown vehicle, V1, collided with the rear of his unoccupied vehicle. V2 was parked in the lot behind 2423 B St. V1 appeared to have continued after colliding with V2 and collided with the South wall of the garage across the alley; at 2430 A St. V1 penetrated the wall of the garage and collided with the property owner's vehicle inside the garage. The damaged vehicle is a 1998 4 door Chrysler Cirrus Ne. plate SBS760.

V1 did not appear to have stopped and made an effort to exchange information with the owners of the damaged property or vehicle.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	North wall of 5 stall	Andrew H Cox	2430 A St., Lincoln, NE	68502	402 730-0930
PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	1998 White 4 door	Andrew H Cox	2430 A St., Lincoln, NE	68502	402 730-0930
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1
VEH NO.	N S E W	ROAD OR HIGHWAY NAME	VEHICLE 1	VEHICLE 2	
1	X	Alley 24 - 25 , A	POINT OF IMPACT	12	POINT OF IMPACT
2		ALLEY 24- 25	POINT OF IMPACT	04	POINT OF IMPACT
1	13	06 Turning left	MOST DAMAGED AREA	05	MOST DAMAGED AREA
2	10	08 Entering traffic lane	MOST DAMAGED AREA	05	MOST DAMAGED AREA
01 Essentially straight ahead		09 Leaving traffic lane	02 03 04		
02 Backing		10 Parked	01 05		
03 Changing lanes		11 Slowing or stopped in traffic	08 07 06		
04 Overtaking/ Passing		12 Other			
05 Turning right		13 Unknown			
OFFICER NO. 1275		TROOP/ TEAM/ BEAT 4	DEPARTMENT Lincoln Police Department		Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Chilton Leedom			INVESTIGATOR SIGNATURE Approved by Officer Chilton Leedom		DATE OF REPORT 09/11/2015